

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/889324**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		12				
4		11				
5		10				
6		10				
7		10				
8		10				
9		10				
10		10				
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46		10				
47		10				
48		10				
49		10				
50						
TOTAL IND.	1	↓		↓		↓
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52						
53						
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96						
97						
98						
99						
100						
TOTAL IND.	2	↓		↓		↓
TOTAL DEP.						
TOTAL CLAIMS	51					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADVERTISEMENTS